



2172

PTO/SB/17 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number	09/551,809	
		Filing Date	April 18, 2000	
		First Named Inventor	FURUIKE et al.	
		Examiner Name	LY, ANH	
TOTAL AMOUNT OF PAYMENT (\$)		604	Group/Art Unit	2172
			Attorney Docket No.	01-31

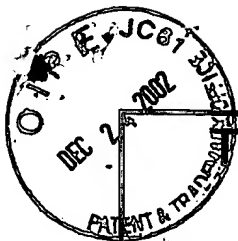
RECEIVED
DEC 30 2002
Technology Center 2100

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																						
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 50-1147 Deposit Account Name: LAW OFFICES OF DAVID G. POSZ <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		3. ADDITIONAL FEES																																																						
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																																								
FEE CALCULATION																																																								
1. BASIC FILING FEE																																																								
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$)</td></tr></tbody></table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee		106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)					(\$)													
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																																			
101	740	201	370	Utility filing fee																																																				
106	330	206	165	Design filing fee																																																				
107	510	207	255	Plant filing fee																																																				
108	740	208	370	Reissue filing fee																																																				
114	160	214	80	Provisional filing fee																																																				
SUBTOTAL (1)					(\$)																																																			
2. EXTRA CLAIM FEES																																																								
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from Below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>38</td><td>-36**= 2</td><td>18</td><td>36</td></tr><tr><td>10</td><td>-6**= 2</td><td>84</td><td>168</td></tr><tr><td colspan="3">Multiple Dependent</td><td></td></tr></tbody></table> **or number previously paid, if greater; For Reissues, see below <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>**Reissue independent claims over original patent</td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr><tr><td colspan="5">SUBTOTAL (2)</td></tr></tbody></table>		Total Claims	Extra Claims	Fee from Below	Fee Paid	38	-36**= 2	18	36	10	-6**= 2	84	168	Multiple Dependent				Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	103	18	203	9	Claims in excess of 20	102	84	202	42	Independent claims in excess of 3	104	280	204	140	Multiple dependent claim, if not paid	109	84	209	42	**Reissue independent claims over original patent	110	18	210	9	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)								
Total Claims	Extra Claims	Fee from Below	Fee Paid																																																					
38	-36**= 2	18	36																																																					
10	-6**= 2	84	168																																																					
Multiple Dependent																																																								
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description																																																				
103	18	203	9	Claims in excess of 20																																																				
102	84	202	42	Independent claims in excess of 3																																																				
104	280	204	140	Multiple dependent claim, if not paid																																																				
109	84	209	42	**Reissue independent claims over original patent																																																				
110	18	210	9	**Reissue claims in excess of 20 and over original patent																																																				
SUBTOTAL (2)																																																								
SUBTOTAL (2)		SUBTOTAL (3)																																																						
(\$)		(\$)																																																						

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature	<i>David G. Posz</i>	Telephone	(202) 416-1638
		Date	Dec. 24, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant commissioner for Patents, Washington, DC 20231.



This Form Based on PTO/SB/21

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/551,809
Filing Date	April 18, 2000
First Named Inventor	FURUIKE et al.
Group Art Unit	LY, ANH
Examiner Name	2172
Attorney Docket Number	1-31

RECEIVED

DEC 30 2002

ENCLOSURES (check all that apply)

Technology Center 2100

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	APPENDIX SHOWING CHANGES TO CLAIMS
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Offices of David G. Posz
Signature	
Date	December 24, 2002

OIPE CERTIFICATE OF HAND DELIVERY

I hereby certify that this correspondence is being hand delivered to and deposited with the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the below-indicated date and is addressed to: Assistant Commissioner for Patents, Washington, DC 20231.

Type or printed name	David G. Posz	Date	December 24, 2002
Signature			